# L05000041167

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SECRETARY OF STATE TALLAHASSEE, FLORIO,

B. BOSTICK

AUG 2 0 2013

**EXAMINER** 

#### COVER LETTER

TO:

Registration Section **Division of Corporations** 

## GDI COMMUNICATIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## **MARTIN STEIN**

Name of Person

## GDI COMMUNICATIONS LLC

Firm/Company

## 2541 CAMELOT COURT

Address

# COOPER CITY, FL 33026

City/State and Zip Code

### martin@gdicomm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Martin Stein

Name of Person

at (954) 646-1432

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### **GDI COMMUNICATIONS LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	torida Eminea Emonity Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L05000041767</u>	oility Company were filed on 4/27/2005	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company," the desig	「 「 「 」 ここ
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	SSEC.
Enter new mailing address, if applicable:		PH 3: 54
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F . F7 . 1	
	Enter Florida si	ireei aaaress
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carla Buonanno-Stein	2541 Camelot Court	Add
		Cooper City, FL 33026	Remove
			Add Remove
		TALLAHA	Add  Remove
		AHASSEE, FLORIDA	
			Add Remove
			Add Remove
			_

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
_	
ed Jul	y 25 2013
ted Jul	y 25 2013
ed Jul	y 25  2013  Signature of a member or authorized representative of a member
uted Jul	Marto Flex

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Filing Fee: \$25.00

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